

# FORM LM-30

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 1087

2 Fiscal Year Covered From

3 / 1 / 04 Through 6 / 30 / 05

3 Name and address of person filing

Name William J. Smith

P.O. Box, Bldg., Room No., if any

Street 11648 Bell Hill Rd

City Utica

State N.Y. ZIP Code + 4 13502

4 Name, file number, and address of labor organization

Name Empire State Regional Council of Carpenters

Labor Organization File Number 024569

P.O. Box, Building and Room Number, if any Dept A

Street 270 Parkway Dept A

City Hempstead

State N.Y. ZIP Code + 4 11788

5 Position in labor organization

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed William J. Smith

On 8-15-05  
Date

351733-6038  
Telephone Number

Name of Person Filing

*William T. Smith*

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name

*UPSTATE N.Y. Carpenter Hk. Pen. & Annuity Fund*

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

*3195 Vickery Rd*

City

*Syracuse*

State

*N.Y.* ZIP Code + 4 *13212*

## 9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

*UPSTATE N.Y. Carpenter Hk. Pen. & Annuity Fund*

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

*3195 Vickery Rd*

City

*Syracuse*

State

*New York* ZIP Code + 4 *13212*

## 11 a Nature of such dealing

*International Foundation  
Education - Benefits Compensation*

## 11 b Approximate dollar value of such dealing

*885.00*

## 12 a Nature of interest held or income received

*Trustee Compensation from*

## 12 b Amount

*330.00*

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant  
(including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

13 b Is the Business an Employer ☐or Consultant ☐

?

## 14 a Nature of payment

## 14 b Amount of payment

Name of Person Filing

*William J Smith*

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State  ZIP Code + 4 

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer*Joint Apprentice & Training Fund*

## 10 If 9.b or 9.c is checked give trust or employer's name

Name *Empire State Regional Council of Carpenters J.A.T.C.*Trade Name, if any *J.A.T.C.*P O Box, Bldg, Room No, if any *Dept B*Street *270 Motor Parkway*City *HAUPPAGUE*State *New York* ZIP Code + 4 *11788*

## 11 a Nature of such dealing

*merger mtgs Food 1st mtg \$16.00*  
*merger mtg Food 2nd mtg \$9.00*

## 11 b Approximate dollar value of such dealing

*\$165.00*

## 12 a Nature of interest held or income received

## 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State  ZIP Code + 4 

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment.